

Case Number:	CM15-0083830		
Date Assigned:	05/06/2015	Date of Injury:	02/28/2008
Decision Date:	06/05/2015	UR Denial Date:	04/09/2015
Priority:	Standard	Application Received:	05/01/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Illinois, California, Texas
 Certification(s)/Specialty: Orthopedic Surgery

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 53-year-old male who sustained an industrial injury on 2/28/08. The mechanism of injury was not documented. Records documented conservative treatment to include medications, activity modification, and behavioral medicine. The 3/17/15 treating physician report cited low back pain radiating to the leg. An L4 to S1 anterior lumbar interbody fusion had previously been approved but had expired. Physical exam documented positive straight leg raise on the right, decreased right lateral foot sensation, and right calf weakness. Extension of the surgical authorization was requested. The 3/28/15 lumbar spine MRI impression documented right L4/5 pars defect with prominent hypertrophic change, facet arthropathy, and 2 mm anterolisthesis, and probable left sided pars defect along with 2 mm disc bulge causing mild bilateral lateral recess and foraminal narrowing. At L5/S1, there was a right 4 mm paracentral disc protrusion causing marked right lateral recess and neuroforaminal stenosis with compression of the L5 and S1 nerve root. The 4/1/15 treating physician report cited mostly right gluteal pain radiating down the right leg. Physical exam documented mild loss of lumbar flexion, right calf weakness, and decreased sensation along the lateral border of the right foot. Straight leg raise was positive on the right. MRI showed a L4/5 and L5/S1 disc degeneration and L4/5 pars defect with 2 mm of spondylolisthesis. There was an L5/S1 right 4 mm paracentral disc protrusion causing marked right lateral recess and neuroforaminal stenosis with compression of the L5 and S1 nerve root. A right L5/S1 microdiscectomy was recommended. The 4/9/15 utilization review non-certified the request for right L5/S1 microdiscectomy and associated pre-op medical clearance as there was no documentation of failed conservative treatment.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Right L5-S1 microdiscectomy: Overturned

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 305-307. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back Lumbar & Thoracic, Discectomy/Laminectomy.

Decision rationale: The California MTUS recommend surgical consideration when there is severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies (radiculopathy), preferably with accompanying objective signs of neural compromise. Guidelines require clear clinical, imaging and electrophysiologic evidence of a lesion that has been shown to benefit in both the short term and long term from surgical repair. The guidelines recommend that clinicians consider referral for psychological screening to improve surgical outcomes. The Official Disability Guidelines recommend criteria for lumbar discectomy that include symptoms/findings that confirm the presence of radiculopathy and correlate with clinical exam and imaging findings. Guideline criteria include evidence of nerve root compression, imaging findings of nerve root compression, lateral disc rupture, or lateral recess stenosis, and completion of comprehensive conservative treatment. Guideline criteria have been met. This injured worker presents with low back pain radiating into the lower extremities with numbness and weakness. Functional difficulty precludes return to work. Clinical exam findings are consistent with imaging evidence of L5 and S1 nerve root compression. Reasonable conservative treatment has been tried and failed. Therefore, this request is medically necessary.

Pre-operative medical clearance: Overturned

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation <http://www.guideline.gov/content.aspx?id-48404>.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Institute for Clinical Systems Improvement (ICSI). Preoperative evaluation. Bloomington (MN): Institute for Clinical Systems Improvement (ICSI); 2010 Jun. 40 p.

Decision rationale: The California MTUS guidelines do not provide recommendations for pre-operative medical clearance. Evidence based medical guidelines indicate that a basic pre-operative assessment is required for all patients undergoing diagnostic or therapeutic procedures. Middle-aged males have known occult increased medical/cardiac risk factors. Guideline criteria have been met based on patient's age and the risks of undergoing anesthesia. Therefore, this request is medically necessary.

